

"This form, when filled in, contains patient information that must be protected  
in accordance with the Health Insurance Portability Accountability Act."

Lab 275 (Rev3/2004)

# **Viral Isolation and Immunology**

Kentucky Health Services Laboratory  
100 Sower Blvd Suite 204  
Frankfort KY 40601  
502 / 564-4446 (FAX 502 564-7019)  
William D. Hacker, MD, Interim Director

## **Patient Information:**

(can use label here with complete info)

Name ( Last, First, MI )

Social Security # Sex EO Age ( dd-mmm-yyyy )

Home Address

City

State ZIP County

Send Reports to:

Submitter

Street Address / P O Box

City

State ZIP

Physician (if other than Submitter)

## **Tests Requested**

**Viral Isolation:**  
Agent Suspected:

**Circle Specimen/  
Date Collected**

**Specify:**

Throat Swab \_\_\_\_\_  
Rectal Swab \_\_\_\_\_  
Genital Swab \_\_\_\_\_  
CSF \_\_\_\_\_  
Other \_\_\_\_\_

**Agent Detection:**

**Date Collected**

B. Pertussis ☐ FA Slide \_\_\_\_\_  
Herpesvirus ☐ FA Slide \_\_\_\_\_

**Serology:**

**Date Collected**

**Serum**

Toxoplasmosis ☐ \_\_\_\_\_  
Rubella ☐ \_\_\_\_\_  
CMV ☐ \_\_\_\_\_  
Herpes ☐ \_\_\_\_\_  
Measles (Rubeola) ☐ \_\_\_\_\_  
Varicella zoster ☐ \_\_\_\_\_  
Mumps ☐ \_\_\_\_\_  
ARBOVIRUSES:  
West Nile ☐ \_\_\_\_\_  
St Louis ☐ Serum \_\_\_\_\_  
LaCrosse ☐ CSF \_\_\_\_\_  
Other, specify: \_\_\_\_\_ Serum \_\_\_\_\_

## **CLINICAL DATA**

**Purpose of request:**

☐ diagnostic (give onset)  
☐ immune status  
☐ antibody status  
Other \_\_\_\_\_

**Date of Onset:**

**Symptoms: YES NO**

Fever ☐ ☐  
Neurological ☐ ☐  
Headache ☐ ☐  
Respiratory ☐ ☐  
Gastrointestinal ☐ ☐  
Fatigue ☐ ☐  
Rash ☐ ☐  
Lesions ☐ ☐

Pregnant ( \_\_\_\_\_ weeks)

Other pertinent info:

**Immunizations / Date**

None ☐  
MMR \_\_\_\_\_  
Influenza \_\_\_\_\_  
Varicella \_\_\_\_\_  
Other \_\_\_\_\_

**Contacts / Recent Travel**

Tick bite \_\_\_\_\_  
Mosquito bite \_\_\_\_\_  
Community \_\_\_\_\_  
Other \_\_\_\_\_  
Travel \_\_\_\_\_

\*\*\*\*\* DLS Laboratory Findings \*\*\*\*\*

Date Received	Laboratory #	Tech	Date Reported

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**Specimen Submission: Select appropriate specimens for the clinical symptoms present, collect at proper intervals during illness, and handle as indicated below.**

<b>Specimen Required (without preservatives)</b>	<b>Preparation</b>	<b>Shipping</b>
Serum, 3 ml or Whole Blood, 6 ml	For antibody and/or immune status: submit a single serum For diagnostic determination: * by IgM tests - a single serum (a 2 <sup>nd</sup> serum may be requested later) by IgG tests -paired sera: <u>acute</u> phase collect within 7 days of onset of illness. <u>convalescent</u> phase collect 10 to 21 days later.	Ambient or refrigerated temperature
FA Slides for antigen detection	Slides/shippers provided by State Lab.	
Throat Washings	Use 5 - 10 ml sterile Hank's Balanced Salt Solution or sterile saline. 3 or 4 washings from the patient may be pooled in a sterile screw-cap jar. Seal tightly.	
Throat Swabs, Rectal Swabs, Vaginal / cervical Swabs	A swab collection outfit is provided by the State Lab but any <u>Viral</u> transport medium is acceptable.	Specimens arriving within 24 hours of collection may be shipped refrigerated. If there will be longer storage or shipping times freezing is best. **
Spinal Fluid	Submit in a sterile screw-cap tube and seal tightly.	
Feces	Place in a sterile container and seal tightly.	
Vesicle Fluid, or Pustule Crusts,	Collect fluids on swabs and place in 1 ml of liquid (sterile Hank's or saline) in screw-cap container and seal tightly.	
Autopsy Tissues	Place each tissue in a separate sterile screw-cap container and seal tightly. Label each organ.	
Urine, fresh 10 ml	Place in a sterile screw-cap container and seal tightly.	
		Must be transported to the laboratory within 4 hours.

\* A significant rise in antibody ratios or titers may determine a recent infection. It is important that there is enough time between acute and convalescent sera to allow for antibody rise. A history of transfusion within 6 weeks of serum collection will invalidate serologic test results.

\*\* When it is necessary to ship clinical samples frozen, use enough dry ice to last the trip. Seal the sample container with waterproof tape to protect the specimen from the CO<sub>2</sub>. Wrap in absorbent material to minimize breakage and to contain any spills.

If the agent suspected is Respiratory Syncytial Virus (RSV) or Cytomegalovirus (CMV) the specimen should be refrigerated but do not freeze. It should arrive at the laboratory within 4 hours of collection.

**A completed submission form #275 must be enclosed for each patient !**  
Dates of specimen collection, and when appropriate, date of onset of illness are required!